

# Communicable Disease Reporting in Montana

Suspected or confirmed cases of the following diseases must be reported to your [local health department](#), per [ARM 37.114.201](#). Additionally reportable is any unusual incident or unexplained illness or death in a human or animal with potential human health implications, per [ARM 37.114.203](#).

If your Local Public Health Jurisdiction is unavailable, call 406-444-0273 (available 24/7)

Acquired Immune Deficiency Syndrome (AIDS)  
Anaplasmosis  
Anthrax<sup>①</sup>  
Arboviral diseases, neuroinvasive and non-neuroinvasive<sup>①</sup>  
(California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)  
Arsenic poisoning (urine levels  $\geq 70$  micrograms/liter total arsenic  $\geq 35$  micrograms/liter methylated plus inorganic arsenic)  
Babesiosis  
Botulism (infant, foodborne, other, and wound)<sup>①</sup>  
Brucellosis<sup>①</sup>  
Cadmium poisoning (blood level  $\geq 5$  micrograms/liter or urine level  $\geq 3$  micrograms/liter)  
Campylobacteriosis  
*Candida auris*<sup>①</sup>  
Chancroid  
*Chlamydia trachomatis* infection  
Coccidioidomycosis  
Colorado tick fever  
Coronavirus Disease 2019 (COVID-19)  
Cryptosporidiosis  
Cyclosporiasis  
Dengue virus infection  
Diphtheria<sup>①</sup>  
Ehrlichiosis  
*Escherichia coli*, Shiga-toxin producing (STEC)<sup>①</sup>  
Gastroenteritis outbreak  
Giardiasis  
Gonorrheal infection  
Granuloma inguinale  
*Haemophilus influenzae*, invasive disease<sup>①</sup>  
Hansen's disease (leprosy)  
Hantavirus Pulmonary Syndrome/infection<sup>①</sup>  
Hemolytic Uremic Syndrome, post-diarrheal  
Hepatitis A, acute  
Hepatitis B, acute, chronic, perinatal  
Hepatitis C, acute, chronic, perinatal  
Human Immunodeficiency Virus (HIV)  
Influenza (including hospitalizations and deaths)<sup>①</sup>  
Lead levels in a venous blood specimen at any level  
Lead levels in a capillary blood specimen  $\geq 3.5$  micrograms per deciliter in a person less than 16 years of age  
Legionellosis  
Leptospirosis  
Listeriosis<sup>①</sup>  
Lyme disease  
Lymphogranuloma venereum  
Malaria  
Measles (rubeola)<sup>①</sup>  
Melioidosis<sup>①</sup>  
Meningococcal disease (*Neisseria meningitidis*)<sup>①</sup>  
Mercury poisoning (urine level  $\geq 10$  micrograms/liter or urine level  $\geq 10$  micrograms/liter elemental mercury/gram of creatinine or blood level  $\geq 10$  micrograms/liter elemental, organic, and inorganic mercury)  
Monkeypox  
Mumps  
Pertussis  
Plague (*Yersinia pestis*)<sup>①</sup>  
Poliomyelitis<sup>①</sup>  
Psittacosis  
Q Fever (*Coxiella burnetii*), acute and chronic  
Rabies, human<sup>①</sup> and animal  
(Including exposure to a human by a species susceptible to rabies infection)  
Rubella, including congenital<sup>①</sup>  
Salmonellosis (including *Salmonella typhi* and paratyphi)<sup>①</sup>  
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease<sup>①</sup>  
Shigellosis<sup>①</sup>  
Smallpox<sup>①</sup>  
Spotted fever rickettsiosis  
*Streptococcus pneumoniae*, invasive disease  
Streptococcal toxic shock syndrome (STSS)  
Syphilis  
Tetanus  
Tickborne relapsing fever  
Toxic shock syndrome, non-streptococcal (TSS)  
Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)  
Trichinellosis (Trichinosis)<sup>①</sup>  
Tuberculosis<sup>①</sup> (including latent tuberculosis infection)  
Tularemia<sup>①</sup>  
Varicella (chickenpox)  
*Vibrio cholerae* infection (Cholera)<sup>①</sup>  
Vibriosis<sup>①</sup>  
Viral hemorrhagic fevers  
Yellow fever  
Outbreak in an institutional or congregate setting

## Additional Laboratory Requirements for submission of Selected Specimens/Reports:

<sup>①</sup> a specimen must be sent to the Montana Public Health Laboratory for confirmation, per [ARM 37.114.313](#). Additional specimens may be requested by CDEpi. For additional information, contact the [Montana Public Health Laboratory at 1-800-821-7284](#).

**Isolates:** In addition to selected conditions noted above, suspected or confirmed isolates of Multidrug-Resistant Organisms (MDRO) of significance, including Carbapenem resistant organisms (CRO), Vancomycin-intermediate or resistant *Staphylococcus aureus* (VISA or VRSA) must be sent to MTPHL for confirmation, when possible.

**Influenza specimens** may be requested for confirmation of severe presentations/mortality and outbreaks, or subtyping for surveillance purposes. In addition, suspected novel influenza strains are required to be submitted for confirmation and additional testing by CDC.